

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11360</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>G</u> <u>Koehler</u> P.O. Box, Bldg., Room No., if any Street <u>4824 W 96th Street</u> City <u>Bloomington</u> State <u>Minnesota</u> ZIP Code + 4 <u>55437-2002</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 160</u> Labor Organization File Number <u>022-522</u> P.O. Box, Building and Room Number, if any Street <u>2522 Marshall St. NE</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55418-3329</u>
5. Position in labor organization. <u>Business Manager/Financial Secretar</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas G. Koehler</u>	On <u>3/19/06</u> Date	<u>612 751 3126</u> Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Missouri Valley Line Cost. App. and Training</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Missouri Valley Line Const. App. and Trainin</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee on the Mo-Valley App- Trustee meeting 11-29/30-05 Dinner 11/29/05 11/29/05</p> <p>11.b. Approximate dollar value of such dealing. 35.00</p> <p>12.a. Nature of interest held or income received.</p> <p>Trustee on the Mo-Valley App-Program</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneaplois State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas D. Koehler

On

3/10/06

Date

612 781 3126

Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Missouri Valley Line Cost. App. and Training</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Missouri Valley Line Const. App. and Trainin</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee on the Mo-Valley App. Program</p> <p>Trustee meeting 10/11-12/05</p> <p>Kansas City, MO. Dinner 10/11/05</p> <p>11.b. Approximate dollar value of such dealing. 30.00</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

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3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 -- P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneapolis State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas A. Koehler

On

3/10/06
Date

612 781 3126
Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Missouri Valley Line Cost. App. and Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 20166

Street

City Kansas City

State Missouri ZIP Code + 4 64195

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Missouri Valley Line Const. App. and Trainin

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 20166

Street

City Kansas City

State Missouri ZIP Code + 4 64195

11.a. Nature of such dealing.

Mo-Valley App. Program
Trustee meeting 7-5-05
Dinner 7/5/06

11.b. Approximate dollar value of such dealing.

23.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

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Signature

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Signed

Thomas H. Koehler

On

3/10/06
Date

612 781 3126
Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Missouri Valley Line Const. App. and Training</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Missouri Valley Line Const. App. and Trainin</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 20166</p> <p>Street</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64195</p>	<p>11.a. Nature of such dealing.</p> <p>Mo-Valley App-Program - Trustee Annual J.A.T.C. Conf. 1/19, 2012/05 Dinner 1/20/05 Duck Key, FL</p> <p>11.b. Approximate dollar value of such dealing. 37.00</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

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1. File Number U -

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Thomas G Koehler

P.O. Box, Bldg., Room No., if any

Street 4824 W 96th Street

City Bloomington

State Minnesota ZIP Code + 4 55437-2002

4. Name, file number, and address of labor organization.

Name IBEW Local Union 160

Labor Organization File Number 022-522

P.O. Box, Building and Room Number, if any

Street 2522 Marshall St. NE

City Minneapolis

State Minnesota ZIP Code + 4 55418-3329

5. Position in labor organization.

Business Manager/Financial Secretar

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

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Signed

Thomas G. Koehler

On

3/10/06
Date

612 781 3126
Telephone Number

FORM LM-30

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3. Name and address of person filing. Name <input type="text"/> Thomas <input type="text"/> G <input type="text"/> Koehler P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 4824 W 96th Street City <input type="text"/> Bloomington State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55437-2002	4. Name, file number, and address of labor organization. Name <input type="text"/> IBEW Local Union 160 Labor Organization File Number <input type="text"/> 022-522 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2522 Marshall St. NE City <input type="text"/> Minneapolis State <input type="text"/> Minnesota ZIP Code + 4 <input type="text"/> 55418-3329
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

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Signed

Thomas G. Koehler

On

3/12/06
Date

612/781-3126
Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Foster Wheeler Twin Cities, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2701 University Ave., Suite 105</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55414</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Foster Wheeler Twin Cities, Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2701 University Ave., Suite 105</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55414</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Labor/Management meeting</u> <u>4/6/06</u> <u>Breakfast</u></p> <p>11.b. Approximate dollar value of such dealing. <u>8.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>